

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10553576

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5	1					
6		1				
7		4				
8						
9						
10						
11						
12						
13						
14						
15		5				
16	1					
17		1				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		1				
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49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	21	←		←
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						